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10960 U.S. PTO

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PTO/SB/50 (02-01)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	MBI - 1067
	First Named Inventor	DUNN, et al.
	Original Patent Number	6,125,548
	Original Patent Issue Date (Month/Day/Year)	3/21/2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

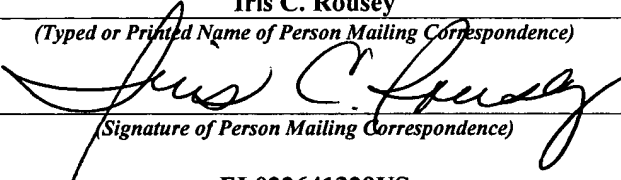
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: <u>Certificate of Mail</u> <u>Via Express Mail</u>
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

### 18. CORRESPONDENCE ADDRESS

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Name	John L. KNoble, Reg. No. 32,387				
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Country	USA	Telephone	(215) 599-0600		

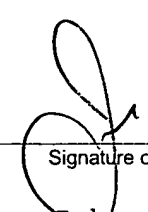
NAME (Print/Type)	John L. Knoble	Registration No. (Attorney/Agent)	32,387
Signature		Date	7/10/2001

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<b>CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.101)</b>			Docket No. <b>MBI-1067</b>
Applicant(s): <b>DUNN, et al.</b>			
Serial No. <b>Unknown</b>	Filing Date <b>Herewith</b>	Examiner <b>Unknown</b>	Group Art Unit <b>Unknown</b>
Invention: <b>BOTTLE RACK</b>			
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 5px;"><p><b>Reissue Patent Application Transmittal; Specification, Claims &amp; Abstract (4 pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$435.00 .</b></p></div> <p style="text-align: center;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on</p> <p style="text-align: center;"><u>July 10, 2001</u> <i>(Date)</i></p> <div style="text-align: center; margin-top: 20px;"><p><b>Iris C. Rousey</b> <i>(Typed or Printed Name of Person Mailing Correspondence)</i></p><div style="border-top: 1px solid black; width: 100%;"> <i>(Signature of Person Mailing Correspondence)</i></div><p><b>EL022641329US</b> <i>("Express Mail" Mailing Label Number)</i></p></div>			

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) <b>MBI 1067</b>		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 4	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 =	x \$ _____ =	or	x \$ _____ =		
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 2 =	x \$ <u>40</u> =		x \$ _____ =		
Basic Fee (37 CFR 1.16(h))						\$355		\$ _____
Total Filing Fee					\$435	OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0462</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>\$435.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>7/10/01</u> Date</p> </div> <div style="width: 50%; text-align: center;">             Signature of Applicant, Attorney or Agent of Record  <u>John E. Knoble</u>            Typed or printed name         </div> </div>								